

**Chatham County Board Of Equalization
Representation Authorization Form**

Please print requested information clearly and check property identification numbers for accuracy.

Name of Appellant: _____

Name of Business: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Alt Phone: _____

Property Identification Number: _____

Name of Representative: _____

Company of Representative: _____

City/State/Zip: _____

Representative's Phone: _____ Alt Phone: _____

Signature of Appellant: _____

Signature of Representative: _____

DO NOT enter information in this section. Office use only.

BOA Appraiser: _____ Secretary: _____

Hearing Date: _____ Time: _____ Board Room _____

Copies made for: _____ Date Received @ Board of Equalization: _____

Appraiser: _____

Board Room: _____

Coordinator: _____